



Standard Companion Guide

**Refers to the Implementation Guide Based
on X12 Version 005010
Electronic Payment and Remittance
Advice (835)**

Companion Guide Version Number: 1.1

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Change Log

<i>Version</i>	<i>Release date</i>	<i>Changes</i>
1.0	07/30/2010	Initial External Release –Oxford specific information

Preface

This Companion Guide to the ASC X12N Implementation Guide clarifies and specifies the data content when exchanging electronically with UUC/Oxford Health Plans. Transmissions based on this companion guide, used in tandem with the specified X12N Implementation Guides, are compliant with both X12N syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the ASC X12N implementation Guides. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

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1. INTRODUCTION

1.1. SCOPE

This guide is to be used for the processing of the 835 005010 Health Care Claim Payment/Advice transaction for the purpose of assisting an entity who receives electronic payment and remittance from UHC/Oxford Health Plans.

1.2. OVERVIEW

This Companion Guide will replace, in total, the previous UHC/Oxford Companion Guide for Health Care Claim Payment, including the latest release dated August, 2008 and all previous releases.

This UHC/Oxford Health Plans Companion Guide has been written to assist you in designing and implementing Electronic Remittance Advice to meet UHC/Oxford's processing standards. This Companion Guide must be used in conjunction with the Healthcare Claim Payment/Advice (835) instructions as set forth by the ASC X12 Standards for Electronic Data Interchange (Version 005010), April 2006 (referred to hereafter as the Implementation Guide or IG). The UHC/Oxford Companion Guide identifies key data elements from the transaction set that will be included in the transaction. The recommendations made are to enable you to more effectively process EDI transactions with UHC/Oxford.

Updates to this companion guide will occur periodically and new documents will be posted on www.UnitedHealthcareOnline.com > News. These updates will also be available at http://www.uniprise.com/hipaa/companion_docs.html and distributed to all registered trading partners with reasonable notice, or a minimum of 30 days, prior to required implementation.

In addition,

- All trading partners will receive an email with a summary of the updates and a link to the new documents posted online.

- Trading partners can also sign up for email alerts on www.UnitedHealthcareOnline.com > News > Register to receive important news and updates including the Network Bulletin. Information will be included in these alerts anytime an updated 835 document is posted online.

1.3. REFERENCE

For more information regarding the ASC X12 Standards for Electronic Data Interchange (005010) Health Care Payment/Advice (835) and, to purchase copies of these documents, consult the Washington Publishing Company web site at www.wpc-edi.com

1.4. ADDITIONAL INFORMATION

The American National Standards Institute (ANSI) is the coordinator and clearinghouse for information on national and international standards. In 1979 ANSI chartered the Accredited Standards Committee (ASC) X12 to develop uniform standards for electronic interchange of business transactions and eliminate the problem of non-standard electronic data communication. The objective of the ASC X12 committee is to develop standards to facilitate electronic interchange relating to all types of business transactions. The ANSI X12 standards is recognized by the United States as the standard for North America.

2. GETTING STARTED

2.1. CONNECTIVITY WITH UHC/Oxford

Data and dollars are sent from UHC/Oxford to PNC Bank. The dollars will move from PNC Bank to your specified bank account. The data will be distributed by PNC Bank to either your clearinghouse or directly to you if you have direct connectivity to PNC Bank.

The 835 file for download as well as all on-line documentation including PDF's versions of the UHC/Oxford 835 can be found at <http://ra.pnc.com>.

To request direct connectivity with PNC Bank to retrieve 835 remittance data please contact PNC at 1-877-824-5001, option 5, option 1.

Clearinghouse Connections:

Physicians and Healthcare professionals should contact their current clearinghouse vendor to discuss their ability to support the Oxford 835 Health Care Payment/Advice transaction, as well as associated timeframe, costs, etc. The clearinghouse/vendor will contact Oxford. An Oxford EDI Support Representative to contact you with the necessary information for you to register to receive EFT and ERA.

2.2. CERTIFICATION AND TESTING OVERVIEW

Test files can be obtained directly from UHC/Oxford. To inquire about a test file please e-mail the Oxford EDI Support Desk at EDIProviderassistance@oxhp.com or call 1-800-599-4334 to request a test file.

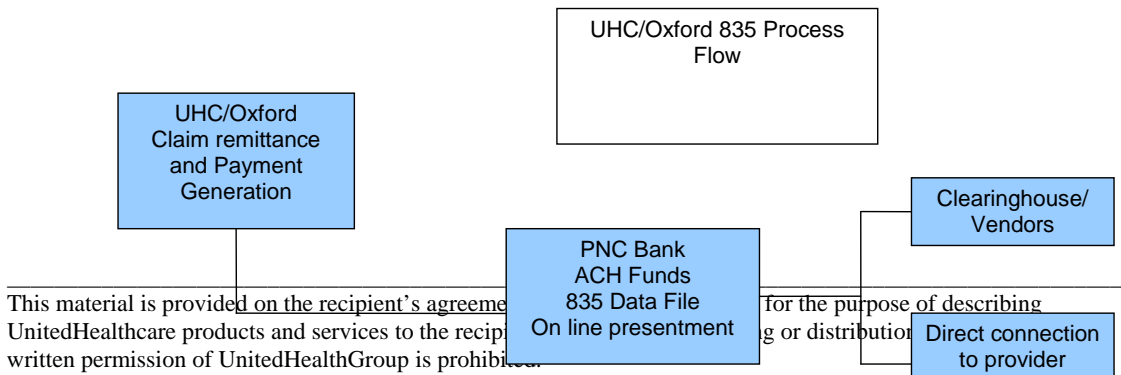
3.0 Contact Information

For answers to general questions, contact UHC EDI Support at 1-800-599-4334.

For answers to questions regarding ACH processing or file delivery, contact PNCBank at 1-877-824-5001, option 5, option 1.

3.1 Process Flows

The following process flow shows the interaction between UHC/Oxford and PNC Bank.



CONTROL SEGMENTS / ENVELOPES

2.3. ISA -IEA

Transactions transmitted during a session or as a batch are identified by an interchange header segment (ISA) and trailer segment (IEA) which form the envelope enclosing the transmission. Each ISA marks the beginning of the transmission (batch) and provides sender and receiver identification.

IG Page #	Loop ID	Reference	Name	HIPAA Codes	Notes/Comments
		ISA-01	Authorization Info. Qualifier	00	
		ISA-03	Authorization Information	00	
		ISA-05	Interchange ID Qualifier	01	
		ISA-06	Interchange Sender ID		OXFORD
		ISA-07	Interchange ID Qualifier	01	
		ISA-08	Interchange Receiver ID		04300096
		ISA-09	Interchange Date		
		ISA-10	Interchange Time		
		ISA-12	Interchange Control Version Number	00501	
		ISA-13	Interchange Control Number		
		ISA-14	Acknowledgment Requested		
		ISA-15	Interchange Usage Indicator		

2.4. GS-GE

EDI transactions of a similar nature and destined for one trading partner may be gathered into a functional group, identified by a functional group header segment (GS) and a functional group trailer segment (GE). Each GS segment marks the beginning of a functional

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group. There can be many functional groups within an interchange envelope. The number of GS/GE functional groups that exist in the transmission.

IG Page #	Loop ID	Reference	Name	HIPAA Codes	Notes/Comments
		GS-01	Functional Code Identifier	HP	Health Care Claim Payment/Advice
		GS-02	Application Senders Code		OXFORD
		GS-03	Application Receiver's Code		Code that identifies receiver as agreed upon with trading partner.
		GS-04	Date		File Creation Date
		GS-05	Time		File Creation Time
		GS-06	Group Control Number		GS06 must be unique within a transaction.
		GS-07	Responsible Agency Code	X	Accredited Standards Committee X12
		GS-08	Version/Release	005010X221	

2.5. ST-SE

The beginning of each individual transaction is identified using a transaction set header segment (ST). The end of every transaction is marked by a transaction set trailer segment (SE).

2.6. Control Segment Hierarchy:

ISA - Interchange Control Header segment
GS - Functional Group Header segment

2.7. Control Segment Notes:

- The ISA segment is a fixed length record and all fields must be supplied. Fields that are not populated with actual data must be space filled.
- The first element separator (byte 4) in the ISA segment defines the element separator to be used through the entire interchange.
- The ISA segment terminator (byte 106) defines the segment terminator used throughout the entire interchange.

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- ISA16 defines the component element separator used throughout the entire interchange.

4.6 FILE DELIMITERS

UHC/Oxford requests that you use the following delimiters on your 835 file. If used as delimiters, these characters (* ~ :) must not be submitted within the data content of the transaction sets. Please contact UnitedHealthcare if there is a need to use a delimiter other than the following:

Data Element: The first element separator following the ISA will define what Data Element Delimiter is used throughout the entire transaction. **The recommended Data Element Delimiter is an asterisk (*).**

Segment: The last position in the ISA will define what Segment Element Delimiter is used throughout the entire transaction. **The recommended Segment Delimiter is a tilde (~).**

6. PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

- UHC/Oxford will pay by Electronic Funds Transfer (EFT) on a daily basis Monday-Friday unless specified by the ERA/EFT Schedule which is posted at <http://ra.pnc.com> or www.oxfordhealth.com.
- An Electronic Remittance Advice (ERA) will be issued instead of a paper "Explanation of Provider Payments. A printable reproduction of the Electronic Remittance Advice as well as a crosswalk of Oxford proprietary adjustment codes to HIPAA-compliant codes can be found at <http://ra.pnc.com>.
- NPI - HIPAA requires the assignment of a standard health care provider identifier, the NPI to every health care provider who uses electronic transactions. The purpose is to improve the efficiency of electronic transmission of health information. Effective May 23, 2007, the NPI is supposed to become the provider identifier with the Federal Tax Identifier (FTIN) as a

secondary, and usually mandatory, identifier. To ease the transition for providers, Oxford is implementing a “dual use” period in which either an NPI or an Oxford legacy provider ID will be accepted as the primary identifier. A cut off date for the dual use period will be determined in the future based on the number of providers who have obtained NPI’s. The changes to the UHC/Oxford 835 due to NPI are as follows:

Loop 1000B

N104 = The Provider’s Group NPI as stored in the Oxford database. If the NPI is unavailable or there are multiple NPI’s then FTIN will be populated instead.

REF02 = FTIN even if the FTIN is passed in the N104.

Loop 2000

TS301 = Oxford Assigned Group ID

Loop 2100

NM109 (NM101*82) = Billing NPI as submitted on the claim or, if not submitted, Oxford Provider ID.

REF02 (REF01*G2) = If there is an NPI in the NM109 then the Oxford ID will be populated here. If there is an Oxford ID in the NM109 then this segment will not be generated.

- NY Surcharge – The portion of the HCRA tax paid to the NY State Pool for Inpatient Hospital payments is displayed at the claim level, there will be both a positive and negative amount that will net a zero payment amount.

CAS*CO*137*25*137*_-25*

The portion of HCRA tax paid to the provider of service for the patients fixed dollar patient cost sharing amounts such as copayments and deductibles will be displayed at the claim level and will be included in the total payment. The provider is responsible for remitting this amount to the NY State Pool.

CAS*PR*137*2.53*

- Claim Overpayment Recovery
UHC/Oxford will recoup the overpayments using the Implementation Guide Claim Overpayment Recovery Option number 1. Overpayments will be recouped immediately within the current remittance advice. Reversals and Corrections describe the necessary actions.

7. TRANSACTION SPECIFIC INFORMATION

IG Page #	Loop ID	Reference	Name	HIPAA Codes	Notes/Comments
70		BPR	Financial Information		
		BPR01	Transaction Handling Code	I	Remittance Only
		BPR02	Monetary Amount		Total Payment for this 835
		BPR03	Credit/Debit Flag Code	C	Credit to provider account
		BPR04	Payment Method Code	ACH	Dollars to move electronically through the ACH.
		BPR05	Payment Format Code	CCP	
		BPR06	(DFI) ID Number Qualifier	01	ABA Transit Routing Number
		BPR07	(DFI) Identification Number		Oxford ABA Number
		BPR08	Account Qualifier Number	DA	Demand Deposit
		BPR09	Account Number		Oxford Bank Account Number
		BPR10	Originating Company Identifier		Oxford Tax ID preceded by '1'
		BPR11	Originating Company Supplemental Code		This code is identical to TRN04
		BPR12	(DFI) OD Number Qualifier	01	ABA
		BPR13	(DFI) Identification Number		Payee ABA Number
		BPR14	Account Number Qualifier	DA	Demand Deposit
		BPR15	Account Number		Payee Bank Account Number
		BPR16	Date		Settlement date = the date the dollars are available to the payee
IG page #	Loop	Reference	Name	HIPAA Codes	Notes/Comments
77		TRN	Reassociation Trace Number		
		TRN01	Trace Type Code	1	Current Transaction

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**Health Care Claim
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		TRN02	Reference Identification		EFT/Check Number
		TRN03	Originating Company Identifier		Oxford Tax ID preceded by '1'
		TRN04	Reference Identification		Must be identical to BPR11
IG page #	Loop	Reference	Name	HIPAA Codes	Notes/Comments
82		REF	Receiver Information		
		REF01	Reference Identification Qualifier	EV	Reference Identification Qualifier
		REF02	Reference Information		BANK
IG page #	Loop	Reference	Name	HIPAA Codes	Notes/Comments
85		DTM	Production Date		
		DTM01	Date/Time Qualifier	405	Production
		DTM02	Date		CCYYMMDD
IG page #	Loop	Reference	Name	HIPAA Codes	Notes/Comments
87	1000A	N1	Payer Identification		
		N101	Entity Identifier Code	PR	Payer
		N102	Name		Oxford Health Plans
IG page #	Loop	Reference	Name	HIPAA Codes	Notes/Comments
89	1000A	N3	Payer Address		
		N301	Address Information		48 Monroe Turnpike
IG page #	Loop	Reference	Name	HIPAA Codes	Notes/Comments
90	1000A	N4	Payer City, State, Zip Code		
		N401	City Name		Trumbull
		N402	State or Province		CT
		N403	Postal Code		06111
IG page #	Loop	Reference	Name	HIPAA Codes	Notes/Comments
94	1000A	PER	Payer Business Contact		
		PER01	Contact Function Code	CX	

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		PER03	Communication Number Qualifier	TE	
		PER04	Communication Number		
IG page #	Loop	Reference	Name	HIPAA Codes	Notes/Comments
97	1000A	PER	Payer Technical Contact Informaiton		
		PER01	Contact Function Code	BL	Technical Department
		PER03	Communication Number Qualifier		
		PER04	Communication Number		
IG page #	Loop	Reference	Name	HIPAA Codes	Notes/Comments
102	1000B	N1	Payee Identification		
		N101	Entity Identifier Code	PE	Payee Name
		N102	Name		Free Form Payee Name
		N103	Identification Code Qualifier	FI	Federal Taxpayer's Identification Number
		N104	Identification Code		
IG page #	Loop	Reference	Name	HIPAA Codes	Notes/Comments
104	1000B	N3	Payee Address		
		N301	Address Information		
IG page #	Loop	Reference	Name	HIPAA Codes	Notes/Comments
105	1000B	N4	Payee City, State, Zip Code		
		N401	City Name		
		N402	State or Province		
		N403	Postal Code		
IG page #	Loop	Reference	Name	HIPAA Codes	Notes/Comments
107	1000B	REF	Payee Additional Information		
		REF01	Reference Identification Qualifier	TJ	Federal Taxpayer's Identification Number
		REF02	Reference Identification		

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IG page #	Loop	Reference	Name	HIPAA Codes	Notes/Comments
111	2000	LX	Header Number		
		LX01	Assigned Number		
IG page #	Loop	Reference	Name	HIPAA Codes	Notes/Comments
112	2000	TS3	Transaction Summary		
		TS301	Reference Information		Provider Group Identification Number
		TS302	Facility Code Value		Place of Service Code
		TS303	Date		CCYYMMDD
		TS304	Quantity		Total number of claims
		TS305	Monetary Amount		Total Reported Charges for Claims
IG page #	Loop	Reference	Name	HIPAA Codes	Notes/Comments
123	2100	CLP	Claim Payment Information		
		CLP01	Claim Submitter's Information		Patient Control Number
		CLP02	Claim Status Code	1,2,4,22	1=Processed as Primary 2=Processed as Secondary 4=Denied 22=Reversal of Previous Payments
		CLP03	Monetary Amount		Total Claim Charge Amount
		CLP04	Monetary Amount		Claim Payment Amount
		CLP05	Monetary Amount		Patient Responsibility Amount
		CLP06	Claim Filing Indicator Code	HM 16	HM=Health Maintenance Organization 16=Health Maintenance Organization (HMO)Medicare Risk
		CLP07	Reference Identification Number		Payer assigned claim number
		CLP08	Facility Code Value		First and Second positions of the UB Type Code, Place of Service Codes
		CLP09	Claim Frequency Type Code		Third position of the UB Claim form Bill Type
IG page #	Loop	Reference	Name	HIPAA Codes	Notes/Comments
129	2100	CAS	Claim Adjustment		CAS at the Claim level is shown when there are adjustments that apply to the entire claim.

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		CAS01	Claim Adjustment Group Code	CO PR	CO-Contractual Obligation (NY Surcharge) Payer submit to State PR-Patient Responsibility NY Surcharge-Provider to submit this amount to State
		CAS02	Claim Adjustment Code	137	Regulatory Surcharges, Assessments, Allowances or Health Related Taxes
		CAS03	Monetary Amount		
IG page #	Loop	Reference	Name	HIPAA Codes	Notes/Comments
137	2100	NM1	Patient Name		
		NM101	Entity Identifier Code	QC	Patient
		NM102	Entity Type Qualifier	1	Person
		NM103	Name Last or Organization Name		Last Name as validated
		NM104	Name First		First Name as validated
		NM108	Identification Code Qualifier		MI
		NM109	Identification		Patient Oxford ID Number as validated
IG page #	Loop	Reference	Name	HIPAA Codes	Notes/Comments
140	2100	NM1	Insured Name		
		NM101	Entity Identifier Code	IL	Insured or Subscriber
		NM102	Entity Type Qualifier	1	Person
		NM103	Name Last or Organization Name		Subscriber Last Name
		NM104	Name First		Subscriber First Name
		NM108	Identification Code Qualifier	MI	Member Identification Number
		NM109	Identification		Subscriber Oxford ID Number
IG page #	Loop	Reference	Name	HIPAA Codes	Notes/Comments
143	2100	NM1	Corrected Patient/Insured Name		
		NM101	Entity Identifier Code		
		NM102	Entity Type Qualifier		

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		NM103	Name Last or Organization Name		
		NM104	Name First		
		NM108	Identification Code Qualifier		
		NM109	Identification		
IG page #	Loop	Reference	Name	HIPAA Codes	Notes/Comments
146	2100	NM1	Service Provider Name		
		NM101	Entity Identifier Code	82	
		NM102	Entity Type Qualifier	1 2	1=Person 2=Non-Person Entity
		NM103	Last Name		Service Provider Last Name or Organization Name
		NM104	First Name		Service Provider First Name
		NM105	Middle Name		Provider Middle Name
		NM108	Identification Code Qualifier	XX PC	XX=NPI PC=Provider Commercial Number
		NM109	Identification Code		Billing NPI from the submitted claim. If no NPI was submitted then the Oxford Provider ID will be populated
IG page #	Loop	Reference	Name	HIPAA Codes	Notes/Comments
169	2100	REF	Other Claim Related Identification		
		REF01	Reference Identification Qualifier	CE	Class of Contract Code
		REF02	Reference Identification		Oxford Product Code
IG page #	Loop	Reference	Name	HIPAA Codes	Notes/Comments
169	2100	REF	Rendering Provider Identification		
		REF01	Reference Identification Qualifier	G2	Provider Commercial Number
		REF02	Reference Identification		Oxford Assigned Provider Number
IG page #	Loop	Reference	Name	HIPAA Codes	Notes/Comments

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186	2110	SVC	Service Payment Information		
		SVC01	Composite Medical Procedure	HC NU	HC=Health Care Financing Administration Common Procedural Coding System NU=National Uniform Billing Committee (NUBC) UB92 Codes
		SVC01-01	Product/Service ID Qualifier		Procedure Code
		SVC01-02	Procedure Modifier		Procedure Modifier
		SVC01-03	Procedure Modifier		Procedure Modifier
		SVC01-04	Procedure Modifier		Procedure Modifier
		SVC01-05	Procedure Modifier		Procedure Modifier
		SVC02	Monetary Amount		Billed Amount (line item)
		SVC03	Monetary Amount		Payment Amount (line item)
		SVC04	Product Service ID		Submitted Revenue Code
		SVC05	Quantity		Units of Service
		SVC06-01	Product/Service ID Qualifier		Required when the adjudicated procedure code in SVC01 is different from the submitted code from the original claim.
		SVC06-02	Product/Service ID		Procedure Code
		SVC06-03	Procedure Modifier		Procedure Modifier
		SVC06-04	Procedure Modifier		Procedure Modifier
		SVC06-05	Procedure Modifier		Procedure Modifier
		SVC06-06	Procedure Modifier		Procedure Modifier
		SVC07	Quantity		Required when the paid units of service in the SVC05 is different from the submitted units.
IG page #	Loop	Reference	Name	HIPAA Codes	Notes/Comments
195	2110	DTM	Service Date		
		DTM01	Date/Time Qualifier	472	Service
		DTM02	Date		Service Date CCYYMMDD
IG page #	Loop	Reference	Name	HIPAA Codes	Notes/Comments

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196	2110	CAS	Service Adjustment		See implementation Guide for segment and element descriptions.
IG page #	Loop	Reference	Name	HIPAA Codes	Notes/Comments
206	2110	REF	Line Item Control Number		
		REF01	Reference Qualifier	6R	
		REF02	Reference ID		Line item control number as received on the 837.
IG page #	Loop	Reference	Name	HIPAA Codes	Notes/Comments
211	2110	AMT	Service Supplemental Amount		
		AMT01	Amount Qualifier Code	B6	Allowed-Actual
		AMT02	Monetary Amount		